California Cardiovascular Disease Prevention Coalition
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HEART DISEASE AND STROKE AMONG ASIAN AMERICANS AND PACIFIC ISLANDERS IN CALIFORNIA AND THE U.S.

DID YOU KNOW…

- Combined, heart disease and stroke kill more Asian American and Pacific Islanders (AAPI) than any other disease.[1]
- Risk factors, disease, and death from heart disease and stroke vary broadly between AAPI ethnic subgroups.[2]

Death rates and percentage of total deaths for heart disease by race: *7 reporting states.*[1 †]

Ethnic Subgroup	Rate of Deaths from Heart Disease**	Percentage of Deaths from Heart Disease	Death Rates from Cerebro-vascular disease**	Percentage Deaths from Cerebro-vascular disease**
All races (including non-API)	**272.8**	**33.4% ✝**	**51.9**	**6.4%**
Asian Indian	57.5	38.7% ✝	6.2	4.2%
Chinese	115.4	29.4% ✝	33.2	8.4%
Filipino	122.6	32.6% ✝	36.4	9.7%
Guamanian	85.5	34.9% ✝	--	8.4%
Hawaiian	232.5	33.4% ✝	37.0	5.3%
Japanese	158.0	27.7% ✝	55.7	9.8%
Korean	57.8	23.7%	16.6	6.8%
Samoan	149.2	28.9% ✝	--	6.4%
Vietnamese	43.3	19.3%	18.1	8.1%
Other API	72.0	21.2% ✝	23.0	6.8%

✝ The selected states represented in this table are those with the largest AAPI populations in 1990: California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington.

** rates per 100,000 population in specified group

✝ Leading cause of death

Multiple Factors Contribute to Heart Disease and Stroke Risk

Research shows that elevated blood cholesterol, smoking, high blood pressure, and lack of regular physical activity raise the risk of heart disease and stroke. Other factors, such as having uncontrolled diabetes or being overweight, also increase risk.

IN CALIFORNIA

- Studies have found high rates of **hypertension** among AAPI immigrant males, including Chinese in Oakland (32%) Southeast Asians in San Diego (26%) and Vietnamese in California (15%), compared to California males (15%) in 1990.[2] Filipino men and women also have high rates.[3]
- Rates of **smoking** among AAPI youth have increased by over 50% from 1993 to 1996. While Caucasian smoking rates continue to decline, AAPI adult rates remain the same.[4]
- In 1990, rates of **high cholesterol** (serum cholesterol $\geq$ 240 mg/dl) were excessive for Vietnamese (38% for males, 32% for females) and Chinese (41% for males, 38% for females) compared to California adults (16% for males, 18% for females).[2]
- Pacific Islanders and Native Hawaiians are at higher risk for **overweight and adult-onset diabetes**, especially when adapting to a western lifestyle.[2]

WHAT CAN BE DONE TO PREVENT HEART DISEASE AND STROKE IN AAPI COMMUNITIES?

Scientifically valid, linguistically appropriate interventions, approved by ethnic community leaders, are needed to prevent heart disease and stroke in AAPI communities.[5] Examples of interventions that have been implemented to reach AAPI communities in California include:

- ***Walk for Health*** promoted regular physical exercise through: 1) the involvement of Chinese, Korean, and Vietnamese Americans in walking clubs; 2) instituting a policy change in AAPI work sites by promoting physical activity for employees; and 3) institutionalizing a community and business-supported annual community-wide walkathon to promote physical activity.[6]
- ***Families in Good Health*** used bilingual and bicultural health advocates to reach out to Southeast Asian communities in Long Beach, California. The program shifted its focus, over 3 years of implementation, from individual behavior change to increasing the accessibility of physical activity resources and sites, a institutionalizing physical activity opportunities, and developing and/ or changing organizational policies to support increased physical activity.[7]

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1 Hoyert DL, Kung HC. Asian or Pacific Islander Mortality, 1992. Monthly vital statistics report ; Vol. 46, no.1, supp. Hyattsville, Maryland: National Center for Health Statistics. 1997.

2 The California Endowment and the California HealthCare Foundation. The Health Status of Asian and Pacific Islander Americans in California. Woodland Hills, California. 1997.

3 Klatsky A. Cardiovascular risk factors among Asian Americans living in northern California. Am J Public Health. 1991 Nov; 81(11): 1391-3.

4 California Department of Health Services, 1997.

5 Chen MS Jr. Cardiovascular health among Asian Americans/ Pacific Islanders: an examination of health status and intervention approaches. American Journal of Health Promotion, 1993 Jan-Feb. 7(3): 199-207.

6 Lew R, Chau J, Makimoto Woo J, Nguyen KD, Okahara L, Joon Min K, and Lee D. Annual Walkathons as a Community Education Strategy for the Asian American/ Pacific Islander Populations in Alameda County, California. Journal of Health Education –March/ April Supplement 1999, Vol 30, No. 2.

7 Foo MA, Robinson J, Rhodes M, Lew L, Maichew C, Sadira SD, Eir W. Identifying Policy Opportunties to Increase Physical Activity in the Southeast Asian Community in Long Beach, California. Journal of Health Education –March/ April Supplement 1999, Vol 30, No. 2.

The term "Asian American/ Pacific Islander" is used here to refer to groups that are currently residing in California, including: Asians- Filipino, Chinese, Japanese, Asian Indian, Korean, Vietnamese, Cambodian, Hmong, Laotian, Mien, Thai, Bangladeshi, Burmese, Indonesian, Malaysian, Okinawin, Pakistani, Sri Lankan, Nepali, Sikkim and Iwo-Jiman. Pacific Islanders- Hawaiian, Samoan (American and Western Samoa), Chamorro (Guam), Mariana Islanders (Commonwealth of Northern Mariana Islands), Pohnpeian, Chuukese, Papese, Kosraean (Federated States of Micronesia) Palauan (Republic of Palau), Tongan, Melanesian, Fijian.[2]